tobacco products, due to the tobacco free initiatives and other campaigns. A national level Adult Tobacco Survey (ATS) is being carried out in 2009 which; *inter alia*, would estimate the impact of the campaign/tobacco control programme.

(b) The smoke free movies Rules notified under the "The Cigarette and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" were challenged in Delhi High Court by one film producer and the Rules have been quashed. Government of India has filed an appeal against the order of High Court.

(c) and (d) Government of India has supported the Central Tobacco Research Institute (CTRI), under Department of Agriculture Research Extension for pilot project on alternative cropping to tobacco. The pilot is being taken up in the States of Andhra Pradesh, Gujarat, Karnataka, Tamil Nadu and West Bengal, at an approved expenditure of Rs.2.17 Crores.

Investment of health education and urban amenities

609. DR. T. SUBBARAMI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government plans to spend 2 billion dollars on health education and urban amenities;

(b) if so, whether Government plans to direct multi-lateral aid from World Bank and ADB towards infrastructure development while bilateral aid will focus on social sector spending;

(c) if so, whether Government has so far identified four projects for the 2 billion dollars;

(d) if so, whether Government is likely to reach an agreement in this regard by March, 2009; and

(e) if so, to what extent Government is considering to spend on health out of this fund and what are the projects that have been selected for the purpose?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) There is no such plan so far as health education is concerned. However, there is proposal to launch National Urban Health Mission for the purpose of providing medical services in the slum areas of the cities. The proposal is in the process of being finalized.

(b) to (e) Do not arise.

Maternal deaths due to inadequate medicare

†610. SHRI RAM JETHMALANI:
DR. MURLI MANOHAR JOSHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 78,000 pregnant women die every year in the country at the time of giving birth to child in the absence, of essential medical facilities;

(b) if so, the details thereof and the reaction of Government in this regard;

†Original notice of the question was received in Hindi.

(c) whether it is also a fact that such mortality rate is very low in the developed countries of the world; and

(d) if so, the details of mortality rate assessed in the developed and developing countries of the world?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) As per the latest survey report titled "Maternal Mortality in India: 1997-2003 trends, causes and risk factors" published in the year 2006 by the Registrar General of India, nearly 78,000 maternal deaths has been estimated on the basis of about 26 million births in 2004. The same report gives the leading causes of maternal mortality as "hemorrhage-38%", "sepsis-11%", "abortion-8%", "Obstructed labour-5%", "hypertensive disorders-5%" and "other conditions-34%". The causes of maternal mortality for India and EAG States and Assam', 'Southern' and 'Others'are at Statement-I (*See* below).

The National Rural Health Mission (NRHM) (2005-2012), and under its umbrella, the Reproductive and Child Health Programme Phase II, launched by the Government of India in the year 2005, aims to improve access to equitable, affordable, accountable and effective primary health care, in the rural areas of the country, especially for poor women and children, with a special focus on 18 States which have weak public health indicators and weak infrastructure. Under the Mission, the following key strategies and interventions are being implemented to accelerate the pace of reduction in maternal mortality, namely Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women; Operattonaiizing Community Health Centers as First Referral Units (FRUs) and 50% of Primary Health Centres for 24x7 services; Augmenting the availability of skilled manpower by means of different skill-based trainings such as Skilled Birth Attendance, training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section; Provision of Ante-natal and Post Natal Care services; prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation; Organizing Village Health & Nutrition Day at Anganwadi Centers; Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of Health care services by the community including pregnant women; Strengthening of Health Facilities, that is, District Hospitals, Community health Centres (CHCs), Primary health Centres (PHCs) and Sub Centres (SCs), by providing them with funds including untied grants, Annual Maintenance Grants (AMG) and Corpus Funds to improve service delivery; Systems strengthening through Village Health and Sanitation Committees at the village level.

As per the "Estimates of Maternal Mortality developed by WHO, UNICEF, UNFPA and World Bank, in the publication, 'Maternal Mortality in 2005'", Maternal Mortality Ratio (MMR) in the developed countries of the world is lower when compared to the developing countries. The said rates for a few such countries are at statement-II

Statement-I

Causes of Maternal Deaths

Maternal Causes	India	EAG and Assam	South	Other
1	2	3	4	5
Haemorrhage	38%	37%	30%	40%
Sepsis	11%	11%	17%	10%

1	2	3	4	5
Hypertensive Disorder	5%	4%	13%	6%
Obstructed Labour	5%	5%	9%	4%
Abortion	8%	10%	4%	3%
Other Conditions	34%	33%	26%	37%

SOURCE: RGI (SRS), 2006

Statement-II

Maternal Mortality Ratios/100,000 live births

MMR in Developed Countries	MMR	MMR in Developing Countries	MMR
Ireland	1	Niger	1800
Denmark	3	Afghanistan	1800
Australia	4	Nigeria	1100
Germany	4	Nepal	830
Japan	6	Bangladesh	570
France	8	India	450
United Kingdom	8	Pakistan	320
New-Zealand	9	Srilanka	58
USA	11	China	45
Austria	4	Angola	1400
Canada	7	Bhutan	440
Denmark	3	Cameroon	1000
Finland	7	Cambodia	540
Greece	3	Congo	740
Hungary	6	Kenya	560
Iceland	4	Papua New Guinea	470

SOURCE: Maternal Mortality in 2005 - Estimates developed by WHO, UNICEF, UNFPA and the World Bank.

Review of NRHM

†611. SHRI SHIVANAND TIWARI:
DR. MURLI MANOHAR JOSHI:
Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has recently reviewed the National Rural Health Mission (NRHM);

†Original notice of the question was received in Hindi.